



IMPORTANT NOTICES

Plan Year January 1 - December 31, 2023

Important information about Medicare Part D

Prescription drug benefits are creditable under Medicare Part D. This means the benefits provided by your employer are equal to or better than the benefits provided under a Medicare drug coverage plan. If you are a Medicare-eligible employee, you can keep your employer-sponsored coverage, and you will not be penalized if you enroll in a Medicare Part D plan at a later date.

Summary of Benefits and Coverage

In accordance with the Patient Protection and Affordable Care Act, MNPS and Cigna have created a Summary of Benefits and Coverage (SBC), which provides additional information about your MNPS medical plan. You can find the SBC online at [Benefit Express](#). Or request a free, printed copy by contacting Employee Benefit Services.

The Women's Health & Cancer Rights Act

As required by the Women's Health and Cancer Rights Act (WHCRA) of 1998, this plan provides coverage for:

1. All stages of reconstruction of the breast on which the mastectomy has been performed
2. Surgery and reconstruction of the other breast to produce a symmetrical appearance
3. Prostheses and physical complications of mastectomy, including lymphedemas, in a manner determined in consultation with the attending physician and the patient

Contact the medical plan administrator for more information.

Newborns' and Mothers' Health Protection Act

Group health plans and health insurance issuers generally may not, under Federal law, restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a vaginal delivery, or less than 96 hours following a cesarean section. However, Federal law generally does not prohibit the mother's or newborn's attending provider, after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 hours as applicable). In any case, plans and issuers may not, under Federal law, require that a provider obtain authorization from the plan or the insurance issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours).

Notice of Privacy Practices

MNPS maintains a Notice of Privacy Practices that provides information to individuals whose protected health information (PHI) will be used or maintained by the MNPS certificated employee medical plan. You can view the plan's Notice of Privacy Practices on [Benefit Express](#) or request a free, printed copy by contacting Employee Benefit Services.

Notice of Special Enrollment Rights

If you decline coverage for yourself or your dependents (including your spouse) due to other health coverage, and that coverage ends due to one of the following qualifying events, you may be able to enroll in this plan, provided you request enrollment within 60 days after your other coverage ends and you meet plan eligibility requirements:

- End of COBRA
- Loss of eligibility for other coverage due to legal separation or divorce
- Death of the employee
- Termination of employment or reduction in hours
- Employer contributions for other non-COBRA coverage ends

In addition, if you acquire a new dependent as a result of marriage, birth, adoption or placement for adoption, you may be able to enroll yourself and your dependents, provided you request enrollment within 60 days of the event.

Health Insurance Marketplace Notice

When key parts of the health care law took effect in 2014, there was a new way to buy health insurance: the Health Insurance Marketplace. To assist you as you evaluate options for you and your family, this notice provides some basic information about the Marketplace and employment-based health coverage offered by your employer

What is the Health Insurance Marketplace?

The Marketplace is designed to help you find health insurance that meets your needs and fits your budget. The Marketplace offers "one-stop shopping" to find and compare private health insurance options. You may also be eligible for a new kind of tax credit that lowers your monthly premium right away. Open enrollment for health insurance coverage through the Marketplace begins in October for coverage starting as early as January 1.

You may qualify to save money and lower your monthly premium, but only if your employer does not offer coverage, or offers coverage that doesn't meet certain standards. The savings on your premium that you're eligible for depends on your household income.

Does Employer Health Coverage Affect Eligibility for Premium Savings through the Marketplace?

Yes. If you have an offer of health coverage from your employer that meets certain standards, you will not be eligible for a tax credit through the Marketplace and may wish to enroll in your employer's health plan. However, you may be eligible for a tax credit that lowers your monthly premium or a reduction in certain cost-sharing if your employer does not offer coverage to you at all or does not offer coverage that meets certain standards. If the cost of a plan from your employer that would cover you (and not any other members

of your family) is more than 9.5% of your household income for the year, or if the coverage your employer provides does not meet the “minimum value” standard set by the Affordable Care Act, you may be eligible for a tax credit.¹

Note: If you purchase a health plan through the Marketplace instead of accepting health coverage offered by your employer, then you may lose the employer contribution (if any) to the employer-offered coverage. Also, this employer contribution -as well as your employee contribution to employer-offered coverage- is often excluded from income for Federal and State income tax purposes. Your payments for coverage through the Marketplace are made on an after-tax basis.

How Can I Get More Information?

For more information about your coverage offered by your employer, please check your summary plan description or contact your Human Resources department.

The Marketplace can help you evaluate your coverage options, including your eligibility for coverage through the Marketplace and its cost. Please visit healthcare.gov for more information, including an online application for health insurance coverage and contact information for a Health Insurance Marketplace in your area.

¹ An employer-sponsored health plan meets the “minimum value standard” if the plan’s share of the total allowed benefit costs covered by the plan is no less than 60 percent of such costs.

Statement of Material Modifications

Your 2023 annual enrollment packet constitutes a Summary of Material Modifications or Summary of Material Reductions, as applicable, to the health and welfare plans. It is meant to supplement information in the Summary Plan Description (SPD), so retain it for future reference along with your SPD.

Surprise billing law

To help consumers avoid costly and unpleasant surprises, Congress has passed a No Surprises Act (formal name: Your Rights and Protections Against Surprise Medical Bills). The law bans:

- Surprise bills for most emergency services, even if you get them out-of-network and without approval beforehand (prior authorization)
- Out-of-network cost-sharing for most emergency and some non-emergency services
- Out-of-network charges and balance bills for certain services, like anesthesiology or radiology, furnished by out-of-network providers as part of a visit to an in-network facility

The Certificated Employee Health Plan already complies with the new law, so you should not encounter any surprise billing.

Wellness program disclosure

If you have a health plan available to you, the health plan is committed to helping you achieve your best health. Rewards for participating in a wellness program are available to all employees. If you think you might be unable to meet a standard for a reward under this wellness program, you might qualify an opportunity to earn the same reward by different means. Contact Employee Benefit Services, and we will work with you to find a wellness program with the same reward that is right for you in light of your health status.

Premium Assistance Under Medicaid and the Children’s Health Insurance Program (CHIP)

If you or your children are eligible for Medicaid or CHIP and you’re eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren’t eligible for Medicaid or CHIP, you won’t be eligible for these premium assistance programs, but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit www.healthcare.gov.

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, contact your State Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office or dial 1-877-KIDS NOW or www.insurekidsnow.gov to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren’t already enrolled. This is called a “special enrollment” opportunity, and you must request coverage within 60 days of being determined eligible for premium assistance. If you have questions about enrolling in your employer plan, contact the Department of Labor at www.askebsa.dol.gov or call 1-866-444-EBSA (3272).

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of July 31, 2022. Contact your State for more information on eligibility.

ALABAMA-Medicaid

Website: <http://myalhipp.com/> Phone: 1-855-692-5447

ALASKA-Medicaid

The AK Health Insurance Premium Payment Program Website:

<http://myakhipp.com/>

Phone: 1-866-251-4861

Email: CustomerService@MyAKHIPP.com

Medicaid Eligibility:

<http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx>

ARKANSAS-Medicaid

Website: <http://myarhipp.com/>

Phone: 1-855-MyARHIPP (855-692-7447)

CALIFORNIA-Medicaid

Website: Health Insurance Premium Payment (HIPP) Program

<http://dhcs.ca.gov/hipp>

Phone: 916-445-8322

Fax: 916-440-5676

Email: hipp@dhcs.ca.gov

COLORADO-Health First Colorado (Colorado's Medicaid Program) & Child Health Plan Plus (CHP+)

Health First Colorado Website:

<https://www.healthfirstcolorado.com/>

Health First Colorado Member Contact Center:1-800-221-3943/ State Relay 711

CHP+: <https://www.colorado.gov/pacific/hcpf/child-health-plan-plus>

CHP+ Customer Service: 1-800-359-1991/ State Relay 711

Health Insurance Buy-In Program (HIBI): <https://www.colorado.gov/pacific/hcpf/health-insurance-buy-program>

HIBI Customer Service: 1-855-692-6442

FLORIDA-Medicaid

Website: <https://www.flmedicaidtplecovery.com/flmedicaidtplecovery.com/hipp/index.html>

Phone: 1-877-357-3268

Website: <https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp>

Phone: 678-564-1162 ext 2131

GEORGIA-Medicaid

A HIPP Website: <https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp>

Phone: 678-564-1162, Press 1GA CHIPRA

Website: <https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra>

Phone: (678) 564-1162, Press 2

INDIANA-Medicaid

Healthy Indiana Plan for low-income adults 19-64

Website: <http://www.in.gov/fssa/hip/>

Phone: 1-877-438-4479

All other Medicaid

Website: <https://www.in.gov/medicaid/>

Phone 1-800-457-4584

IOWA-Medicaid and CHIP (Hawki)

Medicaid Website: <https://dhs.iowa.gov/ime/members>

Medicaid Phone: 1-800-338-8366

Hawki Website: <http://dhs.iowa.gov/Hawki>

Hawki Phone: 1-800-257-8563

HIPP Website: <https://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp>

HIPP Phone: 1-888-346-9562

KANSAS-Medicaid

Website: <https://www.kancare.ks.gov/>

Phone: 1-800-792-4884

KENTUCKY-Medicaid

Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website: <https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx>

Phone: 1-855-459-6328

Email: KIHIPP.PROGRAM@ky.gov

KCHIP Website: <https://kidshealth.ky.gov/Pages/index.aspx>

Phone: 1-877-524-4718

Kentucky Medicaid Website: <https://chfs.ky.gov>

LOUISIANA-Medicaid

Website: www.medicaid.la.gov or www.ldh.la.gov/lahipp

Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP)

Enrollment Website: <https://www.maine.gov/dhhs/ofi/applications-forms>

Phone: 1-800-442-6003 TTY: Maine relay 711

Private Health Insurance Premium Webpage: <https://www.maine.gov/dhhs/ofi/applications-forms>

Phone:-800-977-6740. TTY: Maine relay 711

MAINE-Medicaid

Enrollment Website: <https://www.maine.gov/dhhs/ofi/applications-forms>

Phone: 1-800-442-6003 TTY: Maine relay 711

Private Health Insurance Premium Webpage:

<https://www.maine.gov/dhhs/ofi/applications-forms>

Phone:-800-977-6740. TTY: Maine relay 711

MASSACHUSETTS-Medicaid and CHIP

Website: <https://www.mass.gov/masshealth/pa>

Phone: 1-800-862-4840 TTY: (617) 886-8102

MINNESOTA-Medicaid

Website: <https://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/other-insurance.jsp>

Phone: 1-800-657-3739

MISSOURI-Medicaid

Website: <http://www.dss.mo.gov/mhd/participants/pages/hipp.htm>

Phone: 573-751-2005

MONTANA-Medicaid

Website: <http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP>

Phone: 1-800-694-3084

NEBRASKA-Medicaid

Website: <http://www.ACCESSNebraska.ne.gov>

Phone: 1-855-632-7633

Lincoln: 402-473-7000

Omaha: 402-595-1178

NEVADA-Medicaid

Medicaid Website: <http://dhcfnv.gov>

Medicaid Phone: 1-800-992-0900

NEW HAMPSHIRE-Medicaid

Website: <https://www.dhhs.nh.gov/>

Phone: 603-271-5218

Toll free number for the HIPP program: 1-800-852-3345,ext 5218

NEW JERSEY-Medicaid and CHIP

Medicaid Website: <http://www.state.nj.us/humanservices/dmahs/clients/medicaid/>

Medicaid Phone: 609-631-2392

CHIP Website: <http://www.njfamilycare.org/index.html>

CHIP Phone: 1-800-701-0710

NEW YORK-Medicaid

Website: https://www.health.ny.gov/health_care/medicaid/
Phone: 1-800-541-2831

NORTH CAROLINA-Medicaid

Website: <https://medicaid.ncdhhs.gov/>
Phone: 919-855-4100

NORTH DAKOTA-Medicaid

Website: <http://www.nd.gov/dhs/services/medicalserv/medicaid/>
Phone: 1-844-854-4825

OKLAHOMA-Medicaid and CHIP

Website: <http://www.insureoklahoma.org>
Phone: 1-888-365-3742

OREGON-Medicaid

Website: <http://healthcare.oregon.gov/Pages/index.aspx>
<http://www.oregonhealthcare.gov/index-es.html>
Phone: 1-800-699-9075

PENNSYLVANIA-Medicaid

Website: <https://www.dhs.pa.gov/Services/Assistance/Pages/HIPP-Program.aspx>
Phone: 1-800-692-7462

RHODE ISLAND-Medicaid and CHIP

Website: <http://www.eohhs.ri.gov/>
Phone: 1-855-697-4347, or 401-462-0311 (Direct Rlte Share Line)

SOUTH CAROLINA-Medicaid

Website: <https://www.scdhhs.gov>
Phone: 1-888-549-0820

SOUTH DAKOTA-Medicaid

Website: <http://dss.sd.gov>
Phone: 1-888-828-0059

TEXAS-Medicaid

Website: <http://gethipptexas.com/>
Phone: 1-800-440-0493

UTAH-Medicaid and CHIP

Medicaid Website: <https://medicaid.utah.gov/>
CHIP Website: <http://health.utah.gov/chip>
Phone: 1-877-543-7669

VERMONT-Medicaid

Website: <http://www.greenmountaincare.org/>
Phone: 1-800-250-8427

VIRGINIA-Medicaid and CHIP

Website: <https://www.coverva.org/en/famis-selecthttps://www.coverva.org/en/hipp>
Medicaid Phone: 1-800-432-5924
CHIP Phone: 1-800-432-5924
Email: HIPPcustomerservice@dmas.virginia.gov

WASHINGTON-Medicaid

Website: <https://www.hca.wa.gov/>
Phone: 1-800-562-3022

WEST VIRGINIA-Medicaid and CHIP

Website: <https://dhhr.wv.gov/bms/>
<http://mywvhipp.com/>
Medicaid Phone: 304-558-1700
CHIP Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)

WISCONSIN-Medicaid and CHIP

Website: <https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm>
Phone: 1-800-362-3002

WYOMING-Medicaid

Website: <https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/>
Phone: 1-800-251-1269

To see if any other states have added a premium assistance program since July 31, 2022, or for more information on special enrollment rights, contact either:

U.S. Department of Labor, Employee Benefits Security Administration
www.dol.gov/agencies/ebsa
1-866-444-EBSA (3272)

U.S. Department of Health and Human Services
Centers for Medicare & Medicaid Services
www.cms.hhs.gov
1-877-267-2323, Menu Option 4, Ext. 61565

USERRA

Your right to continued participation in the plan during leaves of absence for active military duty is protected by the Uniformed Services Employment and Reemployment Rights Act (USERRA). Accordingly, if you are absent from work due to a period of active duty in the military for less than 31 days, your plan participation will not be interrupted. If the absence is for more than 31 days and not more than 12 weeks, you may continue to maintain your coverage under the plan by paying premiums.

If you do not elect to continue to participate in the plan during an absence for military duty that is more than 31 days, or if you revoke a prior election to continue to participate for up to 12 weeks after your military leave began, you and your covered family members will have the opportunity to elect COBRA Continuation Coverage only under the medical insurance policy for the 24-month period (18-month period if you elected coverage prior to December 10, 2004) that begins on the first day of your leave of absence. You must pay the premiums for COBRA coverage with after-tax funds, subject to the rules that are set out in that plan.

Important notice from MNPS about your Prescription Drug Coverage and Medicare

Please read this notice carefully and keep it where you can find it. It has information about your current prescription drug coverage with Metro Nashville Public Schools (MNPS) and your options under Medicare's prescription drug coverage. It can help you decide whether or not you want to enroll. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or a Medicare Advantage plan that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.

MNPS has determined that the prescription drug coverage offered by MNPS is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is considered Creditable Coverage.

Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium if you later decide to join a Medicare drug plan.

You can enroll in a Medicare drug plan when you first become eligible for Medicare and each year from October 15 through December 7. Beneficiaries leaving employer/union coverage may be eligible for a Special Enrollment Period to join a Medicare drug plan.

You should compare your current coverage, including which drugs are covered, with the coverage and costs of plans offering Medicare prescription drug coverage in your area. If you decide to enroll in a Medicare drug plan outside of what MNPS offers, be aware you and your dependents will lose your MNPS coverage and may not be able to get it back.

You should also know that if you drop or lose your current coverage with MNPS and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay more to join a Medicare drug plan later.

If you go 63 days or longer without creditable prescription drug coverage, your monthly premium may go up at least 1% per month for every month you do not have that coverage. For example, if you go 19 months without coverage, your premium will be at least 19% higher than what many other people pay. You may have to pay this higher premium as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to enroll.

For more information about this notice or your current prescription drug coverage

Contact our office at 615-259-8607. You will get this notice each year and at other times, such as before the next time you can join a Medicare drug plan, and if coverage through MNPS changes. You may also request a copy.

For more information about your options under Medicare prescription drug coverage

More detailed information about Medicare plans that offer prescription drug coverage is in the "Medicare & You" handbook that you get in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans.

For more information, visit [medicare.gov](https://www.medicare.gov), call your State Health Insurance Assistance Program (see the inside back cover of your "Medicare & You" handbook for the telephone number) for personalized help, or call 1-800-MEDICARE (1-800-633-4227). TTY users call 1-877-486-2048.

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. Contact the Social Security Administration at [socialsecurity.gov](https://www.socialsecurity.gov) or at 1-800-772-1213 (TTY 1-800-325-0778).

Remember: Keep this notice. If you enroll in one of the Medicare drug plans, you may be required to provide a copy of this notice when you join to show that you are not required to pay a higher premium.



EMPLOYEE BENEFIT SERVICES
2601 Bransford Avenue | Nashville, TN 37204
[MNPSBenefits.org](https://www.MNPSBenefits.org) | Email: benefits@mnps.org | 615-259-8607